

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Limited Dental Residency Permit Renewal

Please complete and mail this document to the office address shown above. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form. **If your supervising dentist has changed, you will need to complete and submit a new application.**

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions?			YES NO
2. Has any license to practice dentistry in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions?			YES NO
3. Have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dentistry in any state (including Indiana) or country?			YES NO
4. Have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dentistry?			YES NO
5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state			YES NO
6. Have you had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Office of Facility		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your licensure, including CE requirements and name change requests or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date